

MEMO ENDORSED

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Daniel kiss

(List the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

Rafael A Torres,et al.,

21 CV 10391 (kmk) ()

Application for the Court to
Request Pro Bono Counsel

(List the full name(s) of the defendant(s)/respondent(s).)

I ask the Court to request a *pro bono* attorney to represent me in this action. In support of my application, I declare under penalty of perjury that the following information is true and correct:

1. Have you previously filed a "Request to Proceed in Forma Pauperis" (an IFP application)?

Please check the appropriate box below:

☐

I have previously filed an IFP application in this case, and it is a true and correct representation of my current financial status.

☐

I have not previously filed an IFP application in this case and now attach an original IFP application showing my financial status.

☒

I have previously filed an IFP application in this case, but my financial status has changed. I have attached a new IFP application showing my current financial status.

2. Explain why you need an attorney in this case. (Please note that requests for *pro bono* counsel are rarely granted at the early stages of a case and usually not before the Court has issued a decision on the merits of the case.) If you asked for an attorney earlier in this case, please also explain what has changed since you last asked for an attorney.

My case started in 2020, I hired a lawyer (Mr. Pascazi, mpascazi@gmail.com, 845-897-4219)

A year later, I began to represent myself, I could no longer afford a lawyer. I'm even worse off financially at the moment. My case is in Federal court over 3 years and now goes to a jury and I can't do it without a lawyer.

3. Explain what steps you have taken to find an attorney and with what results. (Please identify the lawyers, law firms or legal clinics you have contacted and their responses to your requests. If you have limited access to the telephone, mail, or other communication methods, or if you otherwise have had difficulty contacting attorneys, please explain.)

I spoke to many attorneys, but they not interesting represent me . Osorio Cachaya Law 914-361 4728; Mark Peters , mpeters@petersbrovner.com, 917-639-3270; Jacob Fuchsberg, 212-869-3500; NYCivil Right att. 855-465 4622; J&G Law 845-764-9656; Sokoloff & Stern 516-334-4500; The Fu Firm, 212-584-0581; J. Pace Law 917-336-3948; Taylor Koss Law 917-705 7757; Paul Prestia Law 862-362-1939; The Bagley Firm 718-705-7999; Matte Miklave Law 212-419-0551; NYSTLA 212-349-5890; Finkelstein & Partners 845-244-5779; Klein Civil Right 888-323-0230; Caribian Law 888-899-0410; McCarty & McCarty LLP 914-419-1905 etc.

4. If you need an attorney who speaks a language other than English, state what language(s) you speak: English, Slovak, Czech, Polish.
5. I understand that if an attorney volunteers to represent me and that attorney learns that I can afford to pay for an attorney, the attorney may give this information to the Court.
6. I understand that even if the Court grants this application, I will receive *pro bono* counsel only if an attorney volunteers to take my case and that there is no guarantee that an attorney will volunteer to represent me.
7. I understand that if my answers on this application or in my IFP application are false, my case may be dismissed.

May 29, 2024

Date

Kiss Daniel

Name (Last, First, MI)

4205 Fox Ln,

Address

201-921 4257

Telephone Number

Signature

Prison Identification # (if incarcerated)

Poughkeepsie

City

NY

State

12603

Zip Code

paykiss65@gmail.com

E-mail Address (if available)

Plaintiff's application for the Court to request pro bono counsel is denied without prejudice. Although Plaintiff indicates that he has (1) previously filed an application to proceed in forma pauperis ("IFP application") and (2) attached a new IFP application showing his current financial status, there is no IFP application on the docket nor is there one attached to this application. Given that litigants seeking an order from the Court requesting pro bono counsel must demonstrate that they are indigent—that is, that they cannot afford an attorney, *see Artis v. Phelps Mem'l Hosp. Ass'n*, No. 23-CV-9827, 2024 WL 1307223, at *1 (S.D.N.Y. Mar. 27, 2024)—Plaintiff's application must be denied. However, this denial is without prejudice, so Plaintiff may renew his request and provide the Court with additional information demonstrating, among other things, that he cannot afford an attorney, such as by submitting a meritorious IFP application. To facilitate that effort, the Court has attached a blank IFP application to this Order.

The Clerk of Court is respectfully asked to terminate the pending motion and to mail a copy of this Order to Plaintiff.

SO ORDERED.



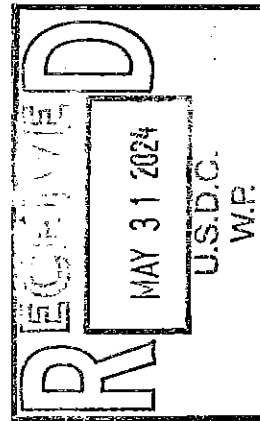
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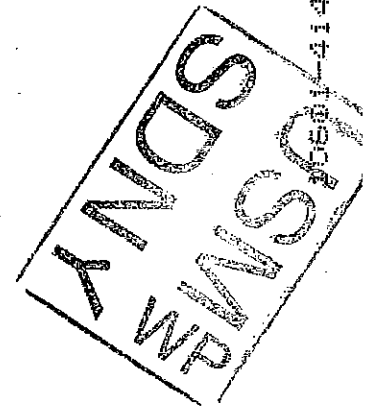
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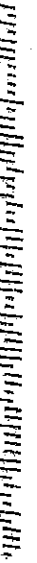


K Daniel Kiss
4205 Fox Ln
Poughkeepsie, NY 12603

Southern District of New York
300 QUARROPAS LAKE
WHITE PLAINS, NY 10606



6501-414000



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

(full name of the plaintiff or petitioner applying (each person must submit a separate application))

-against-

CV () ()

(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)

(full name(s) of the defendant(s)/respondent(s))

APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS

I am a plaintiff/petitioner in this case and declare that I am unable to pay the costs of these proceedings and I believe that I am entitled to the relief requested in this action. In support of this application to proceed *in forma pauperis* (IFP) (without prepaying fees or costs), I declare that the responses below are true:

1. Are you incarcerated? ☐ Yes ☐ No (If "No," go to Question 2.)

I am being held at: _____

Do you receive any payment from this institution? ☐ Yes ☐ No

Monthly amount: _____

If I am a prisoner, *see* 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. *See* 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.

2. Are you presently employed? ☐ Yes ☐ No

If "yes," my employer's name and address are: _____

Gross monthly pay or wages: _____

If "no," what was your last date of employment? _____

Gross monthly wages at the time: _____

3. In addition to your income stated above (which you should not repeat here), have you or anyone else living at the same residence as you received more than \$200 in the past 12 months from any of the following sources? Check all that apply.

(a) Business, profession, or other self-employment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(b) Rent payments, interest, or dividends	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

- | | | |
|---|------------------------------|-----------------------------|
| (c) Pension, annuity, or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Disability or worker's compensation payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Gifts or inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Any other public benefits (unemployment, social security, food stamps, veteran's, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Any other sources | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.

If you answered "No" to all of the questions above, explain how you are paying your expenses:

4. How much money do you have in cash or in a checking, savings, or inmate account?

5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:

6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:

7. List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):

8. Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:

Declaration: I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.

Dated

Signature

Name (Last, First, MI)

Prison Identification # (if incarcerated)

Address

City

State

Zip Code

Telephone Number

E-mail Address (if available)